

2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**  
 04-27-2001 90348 032 \*\*\*150.00

DOCUMENT # **P96000069305**

1. Entity Name  
**JMR ENTERPRISES OF JACKSONVILLE, INC.**

Principal Place of Business      Mailing Address  
**5808 COMMERCE STREET      5808 COMMERCE STREET**  
**JACKSONVILLE FL 32211      JACKSONVILLE FL 32211**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-3394364**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

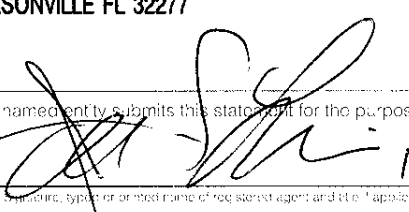
6. Name and Address of Current Registered Agent

**LEWIS, JOHN S IV**  
**5924 COVERED CREEK LANE**  
**JACKSONVILLE FL 32277**

7. Name and Address of New Registered Agent

Name **Lewis, John S IV**  
 Street Address (P.O. Box Number is Not Acceptable) **1131 Montego Road EAST**  
 City **Jacksonville**      State **FL**      Zip Code **32216**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:       DATE: **4-4-01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>LEWIS, JOHN S IV</b>
STREET ADDRESS	<b>5924 COVERED CREEK LANE</b>
CITY-STATE-ZIP	<b>JACKSONVILLE FL 32277</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>GREGORY, MICHAEL R</b>
STREET ADDRESS	<b>10907 DOVER COVE LANE</b>
CITY-STATE-ZIP	<b>JACKSONVILLE FL 32225</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE	<b>P</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lewis, John S IV</b>
STREET ADDRESS	<b>1131 Montego Road EAST</b>
CITY-STATE-ZIP	<b>Jacksonville, FL 32216</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, when all other like employees.

SIGNATURE:       SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **4-4-01**      TIME: **(904) 743-4849**

CR2E034 (10/00)